APPLICATION FOR APPROVAL OF THE 105 HOUR NURSE AIDE TRAINING PROGRAM
State Form 629 (R 2/1-02)
Indiana State Department of Health – Division of Long Term Care

INSTRUCTIONS: Please complete the appropriate sections on both sides of the application. **All applications must be completed in Sections A and D.**

SECTION A: Training program information

APPLICATION PURPOSE (check all that apply):
☐ Initial approval; ☐ Renewal; ☐ Add Clinical Site; ☐ Add Program Director; ☐ Add Delegated Instructor;
☐ Remove Program Director and/or Delegated Instructor: Name_____

Name of Facility:_____

Street Address:_____

PO BOX #:_____

City:_____State_____

ZIP:_____Phone number:_____Fax number:_____

Location of CLASSROOM TRAINING (if different from above address)

Name:_____

Address:_____

City:_____State_____

ZIP:_____Phone number:_____

SECTION B: Clinical Site(s) information

Name of Facility:_____

Address:_____City_____

Name of Facility:_____

Address:_____City_____

Name of Facility:_____

Address:_____City_____

Name of Facility:_____

Address:_____City_____

SECTION C: Program Director and/or Delegated Instructor information

Name:_____

Nursing License #:_____ Vocational License #:_____

A copy of the license MUST accompany this application

QUALIFICATIONS: PLEASE PROVIDE SPECIFIC DATES & LOCATIONS FOR THE FOLLOWING:

NURSING EXPERIENCE:

LONG TERM CARE EXPERIENCE:

TEACHING EXPERIENCE:

A COPY OF THE C.N.A. TRAIN-THE-TRAINER COURSE CERTIFICATE MUST ACCOMPANY THIS APPLICATION

SECTION D: Certification of program

I certify that the Nurse Aide Training Program will be conducted in accordance with the Health Facility Criteria adopted, including the program records for ISDH personnel. I also certify that all facilities listed on this application do not have a current ban on nurse aide training.

_____ _____

Administrator of facility OR Director of non-facility based program Date

Mail completed application, along with requested documentation to:

INDIANA STATE DEPARTMENT OF HEALTH
DIVISION OF LONG TERM CARE
2 N. MERIDIAN ST., 4B
INDIANAPOLIS, IN 46204

Please use additional applications for more than one program director/delegated instructor and/or additional clinical sites. Please retain a copy of this application for your records.